



# BUTTE CONSERVATION DISTRICT

1837 5<sup>th</sup> Avenue South  
Belle Fourche, SD 57717  
(605) 892-3368 Ext. #3

## VOUCHER

Number \_\_\_\_\_ Date \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Code                | Itemized Description of Materials and Supplies or Personal Services and Travel Information | Amount |
|---------------------|--|--------|
|                     |  |        |
| <b>Total Amount</b> |  |        |

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued thereunder relating to non-discrimination in Federally assisted programs.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct. I further certify that the above services were rendered, or that the above listed materials were received in an acceptable condition, and that the above claim is hereby approved by me for payments this \_\_\_\_ day of \_\_\_\_\_.  
Signed: \_\_\_\_\_

Approved for payment by conservation district board action on \_\_\_\_\_ with check number \_\_\_\_\_.

Signature or initial of conservation district officer: \_\_\_\_\_

Signature or initial of authorized district employee: \_\_\_\_\_